# REGISTRATION FORM
## *13ᵗʰ–15ᵗʰ September, University of Liverpool, UK*

**J E L I A 0 6**

### Personal Details

Title: ................    Forename: .......................................    Surname: ........................................

University: .....................................................................................................................

Fax: ...................................................    Email: ...................................................................

### Please inform us of any particular requirements e.g. dietary or mobility

*Requirements:* ...........................................................................................................

### Presentation Equipment
Standard AV equipment is provided i.e. dataprojector, OHP, flipchart and laptop with Powerpoint and Adobe Acrobat.  Please give details of other equipment required;

*Other equipment:* ......................................................................................................

### Registration entitles particpants to:
Proceedings, entry to talks, lunch and refreshments, attendance at drinks reception, social event and conference dinner. To register please tick box below as appropriate. NOTE: Students are advised to visit the 'Student Grants' web page to apply for a grant.

|  | Early registration (Mon 14ᵗʰ August) | Late registration (Fri 1ˢᵗ September) |
| --- | --- | --- |
| **Registration Fee** | £ 250 ☐ | £ 300 ☐ |

### Social Excursion (included in registration fee)
Places for each trip are limited so please indicate which trip you would like to attend.  For more information about the excursions please visit the JELIA web site.

☐ Liverpool Football Club          ☐ Duck Tour Trip          ☐ No trip

### Payment Details
**Please charge my credit card for the total sum of GBP ................**

a) VISA ☐          b) Mastercard ☐

*Card Number:* ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

*Name on Card:* .......................................................    *Expiry Date:* ........ / ........

*Security Number* (Last 3 digits on back of card): ......................

*Signature of Cardholder:* ............................................................................................

*Full Mailing Address of Cardholder:* ...........................................................................

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### Please return this form by fax or post with payment to Catherine Atherton at;
Dept of Computer Science          Fax: + 44 151 794 3715
Ashton Building
The University of Liverpool
Liverpool L69 5BX, UK